



Soda Free Challenge



Thank you for participating in our soda free challenge. Water is the best option, but juice and milk are acceptable during the soda free challenge.

Please return this form to Loma Verde Aquatic Center:

1420 Loma Lane

Chula Vista, CA 91911

Call Elizabeth Kovar, Aquatic Supervisor for more information (619) 409-1984

Name: _____ Age: _____ Phone: _____

Do you drink soda? ☐ Yes ☐ No

How many sodas do you drink per week (12 oz cans)? Remember that a big gulp is 42 oz.

☐ less than 2 ☐ 3 to 5 ☐ 6 to 8 ☐ 9 +

Week 1: Please write the date that you started the challenge: _____

Mon	Tue	Wed	Thur	Fri	Sat	Sun
I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No
Servings of fruits/veggies <input type="checkbox"/>	Servings of fruits/veggies <input type="checkbox"/>	Servings of fruits/veggies <input type="checkbox"/>	Servings of fruits/veggies <input type="checkbox"/>	Servings of fruits/veggies <input type="checkbox"/>	Servings of fruits/veggies <input type="checkbox"/>	Servings of fruits/veggies <input type="checkbox"/>

Week 2: Please write the date that you ended the challenge: _____

Mon	Tue	Wed	Thur	Fri	Sat	Sun
I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No	I drank soda <input type="checkbox"/> Yes <input type="checkbox"/> No
Servings of fruits/veggies <input type="checkbox"/>	Servings of fruits/veggies <input type="checkbox"/>	Servings of fruits/veggies <input type="checkbox"/>	Servings of fruits/veggies <input type="checkbox"/>	Servings of fruits/veggies <input type="checkbox"/>	Servings of fruits/veggies <input type="checkbox"/>	Servings of fruits/veggies <input type="checkbox"/>

I tried my best not to drink soda for the 2 weeks. We (child and parent) certify that all the information that has been provided is true.

Child Signature: _____ Parent Signature: _____



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